

INTEREST AND DIVIDENDS TAX RETURN

FOR DRA USE ONLY

041

For the CALENDAR year **2002** or other taxable period beginning _____ and ending _____

Due Date for CALENDAR year is on or before April 15, 2003 or the 15th day of the 4th month after the close of the taxable period.

STEP 1
Please
Print or
Type

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS		
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		

STEP 2
Entity Type
& Special
Return
Type

<input type="checkbox"/> ① INDIVIDUAL	<input type="checkbox"/> ③ PARTNERSHIP	} % of NH Ownership Interest	<input type="checkbox"/> Initial Established	Mo	Day	Year
<input type="checkbox"/> ① JOINT	<input type="checkbox"/> ④ FIDUCIARY		<input type="checkbox"/> Final Abandoned			
<input type="checkbox"/> Check here if you would like your forms mailed to an address other than the above. Indicate address below. NUMBER & STREET ADDRESS, CITY/TOWN, STATE & ZIP CODE			<input type="checkbox"/> Final Deceased			SSN _____
<input type="checkbox"/> Amended Return: DO NOT use this form to report IRS adjustment.						

STEP 3**COMPLETE THE SECOND PAGE OF THIS RETURN BEFORE PROCEEDING TO STEP 4****STEP 4**
Figure
Your Tax,
Credits,
Interest
and
Penalties

11	Net Taxable Income (From Line 10)		11	
12	New Hampshire Interest and Dividends Tax (Line 11 multiplied by 5%)		12	
13	Payments:			
	(a) Tax paid with Application for Extension	13(a)		
	(b) Payment from 2002 Estimated Tax	13(b)		
	(c) Credit carryover from prior year	13(c)		
	(d) Paid with original return (Amended returns only)	13(d)	13	
14	Balance of Tax Due (Line 12 minus Line 13)		14	
15	Additions to Tax:			
	(a) Interest	15(a)		
	(b) Failure to Pay	15(b)		
	(c) Failure to File	15(c)		
	(d) Underpayment of Estimated Tax	15(d)	15	

STEP 5
Figure
Your Net
Balance
Due or
Overpay-
ment

16	(a) Subtotal of Amount Due (Line 14 plus Line 15)	16(a)		
	(b) Return Payment Made Electronically	16(b)		
16	Net Balance Due [Line 16(a) minus Line 16(b)] (Make Check Payable to State of New Hampshire)		16	
17	OVERPAYMENT (Line 13 plus Line 16(b) minus Line 12 plus Line 15)	17		
18	Amount of Line 17 to be applied to:			
	(a) Your 2003 tax liability		18(a)	
	(b) Refund - Please allow 12 weeks for processing		18(b)	

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Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature (in ink)

Date

Signature (in ink) of Paid Preparer Other Than Taxpayer Date

If joint return, BOTH parties must sign, even if only one had income

Date

Preparer's Tax Identification Number

NH DEPT OF REVENUE ADMINISTRATION
MAIL DOCUMENT PROCESSING DIVISION
TO: PO BOX 2072
CONCORD NH 03302-2072

Preparer's Address

City/Town, State & Zip Code

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
INTEREST AND DIVIDENDS TAX RETURN

STEP 3

1 From Your Federal Form 1040 Income Tax Return: (Partnerships and Fiduciaries, See Instructions)

(a) Interest Income. Enter the amount from Line 8(a) of your federal return

1(a)

(b) Dividend Income. Enter the amount from Line 9 of your federal return

1(b)

(c) Federal Tax Exempt Interest Income. Enter the amount from Line 8(b) of your federal return

1(c)

(d) Subtotal Income. [Sum of Lines 1(a), 1(b) and 1(c)]

1(d)

2 List Actual Cash & Property Distributions From S-Corporations, Partnerships and Fiduciaries:

Entity Codes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR ESTATES; 5 = OTHER

I ENTITY CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV DISTRIBUTION AMOUNT
Total from supplemental schedule attached			

2 Total Distributions

2

3 Subtotal Sum of Line 1(d) plus Line 2

3

4 List payers and amounts of interest and/or dividends NOT TAXABLE to NH included on Lines 1(a), 1(b), 1(c) and/or 2:

I REASON CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV NON-TAXABLE AMOUNT
4(a) Subtotal of non-taxable income above (Sum of Column IV)			4(a)
4(b) Total non-taxable from supplemental schedule (attached)			4(b)
4(c) Non-taxable subtotal of Lines 4(a) plus 4(b)			4(c)
4(d) Part-year resident non-taxable pro-rata share			4(d)

4 Total Non-Taxable Amount [Sum of Line 4(c) plus Line 4(d)]

4

5 Gross Taxable Income (Line 3 minus Line 4)

5

6 Less: \$2,400 for Individual, Partnership and Fiduciary; \$4,800 for Joint filers

6

7 Adjusted Taxable Income (Line 5 minus Line 6)

7

☐ Check here to be removed from mailing list.

8 Deduction for Contribution to Qualified Investment Capital Company (See instructions)

8

☐ Blind ☐ Spouse Blind ☐ 65 (or over) or disabled ☐ Spouse 65 (or over) or disabled
Year of birth _____ Year of birth _____

9 Check the exemptions that apply. Multiply the total number of boxes checked below _____ x 1,200= ...

9

10 **Net Taxable Income** (Line 7 minus Lines 8 and 9)

10

Enter Line 10 amount on page 1 Step 4, Line 11.